

INSURANCE ENROLLMENT FORM

Life Insurance Company of North America (LINA)
a Cigna Company (herein called the Insurance Company)



- The applicant must sign and date this form.

EMPLOYER Utah School Employee Association

Important: Please enter all dates in mm/dd/yyyy format. Please print (preferably in black ink)

EMPLOYEE SECTION

Mr. Mrs. Ms. (Check One)

Employee Name _____ Social Security # _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Employee ID # _____ Sex: M F

TERM LIFE INSURANCE — POLICY NO. FLX967830

Coverage Elected and Amounts

Coverage	Enroll or Decline ¹	Current Amount	Increase or Decrease	Total Amount Applied For	Monthly Premium
Group Term Basic Life Employee ²	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline		+\$ _____ -\$ _____	<input type="checkbox"/> \$5,000	See Premium Table
Group Term Life: Spouse ³	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline		+\$ _____ -\$ _____	<input type="checkbox"/> \$2,000	See Premium Table
Group Term Life: Dep. Children ³	<input type="checkbox"/> Enroll <input type="checkbox"/> Decline		+\$ _____ -\$ _____	<input type="checkbox"/> \$2,000	See Premium Table

ACCEPTANCE

I understand that my insurance will not go into effect unless I am actively at work on the effective date.

 Signature _____ Date _____

Please Sign Here

*See next page for Beneficiary Designation
Return this form to your employer. Be sure to make a copy for your own records.*

Applicant's Name _____ Social Security # _____

BENEFICIARY

To **specify a beneficiary**, complete the section below. When specifying multiple beneficiaries, you must indicate the percentage of distribution for each. If there is not enough room to specify all beneficiaries, attach, sign and date a separate sheet of paper using the format below.

TERM LIFE INSURANCE — POLICY NO. 123

<i>Insured</i>	<i>Beneficiary</i>	<i>Percentage</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Relationship</i>
Employee					

Community Property Laws—If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date _____

Owner Signature _____ Date _____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will, which was intended to create this trust, may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

Return this form to your employer. Be sure to make a copy for your own records.